



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1/1/20

Ending Date:

3/15/20

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☒ 30 day after election

☐ year-end report

☐ dissolution

Diane MAHON

Candidate Full Name (if applicable)

Select Person

Office Sought and District

23 HOWARD ST. Arlington

Residential Address

E-mail: dianemahon@verizon.net

Phone # (optional):

Committee To Re-elect Diane Mahon

Committee Name

Rebecca MAHON

Name of Committee Treasurer

23 HOWARD ST. ARL. MA

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

2622.58

Line 2: Total receipts this period (page 3, line 11)

4635.00

Line 3: Subtotal (line 1 plus line 2)

7257.58

Line 4: Total expenditures this period (page 5, line 14)

2620.48

Line 5: Ending Balance (line 3 minus line 4)

4637.39

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used:

DocuSign

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Rebecca Mahon

(Treasurer's signature)

Date:

4/1/20

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Diane Mahon

(Candidate's signature)

Date:

4/1/20

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year. (A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/29	KRISTEN ANDERSON 12 UPLAND RD WEST AND. MA 02474	100	RECEIVED
2/28	LINDA OLSEN 89 WRIGHT STREET AND. MA	75	
3/12	ST. PHIL BILLORE 46 PARK LANE ON WEST NORTHERN	100	
3/12	ROBERT TESI 14 CHESTER RD AND.	100	
3/12	WAGE NI-92 159 BERRY AVE AND. MA 02109	500	PAGE-8127/310
4/1	LOUANE BARRA 99 SONGSIDE RD AND.	100	
4/1	IBEW 2222 159 THOMAS BERRY AND. MA	500	MA 80530
4/1	FRANK FANTUCCI 4 CHURCH PK AND. MA 02471	150	
6/1	WILLIAM MAHER 100 WILSON ST AND.	250	RETIRED

Line 9: Total Receipts over \$50 (or listed above)

1875

Line 10: Total Receipts \$50 and under* (not listed above)

685

Line 11: TOTAL RECEIPTS IN THE PERIOD

2560

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/21	DEBRA COLLAM 17 ANNAND WOBURN	250	Net, red 2020 JUN -3 AM 10:55
2/21	MARTIN Conway 9 Freeman St Arl. MA	150	RECEIVED
2/21	FRANK CIANO 230 HAWTHORNE ST WOBURN MA 01801	100	
2/21	MAURICE Foley 8 Bradford Rd Belmont	100	
2/21	SEAN Calver Arlington	200	SELF employee
2/21	RICHARD Gallagher 29 Fessenden St Arl.	100	
2/21	BUTTER HOLEY 109 FELLSDALE RD SILVERDALE	100	
2/21	DEBRA MALLOWAY 12 DICKSON AVE Arl.	100	
2/21	WILLIAM MCCARTHY 11 DICKSON AVE Arl.	100	
2/21	CLARISSA DOWE 137 HENRY ST Arl.	100	
2/21	DYMPNA SCARLETT 90 MAY ST	100.00	
2/21	JONATHAN WAHLGAT #11 WEST ST		
1157 DRAWS ST DORCHESTER	STEEL METAL WORKS LOCAL 17 CPF 801194Y 02121	500	
Line 9: Total Receipts over \$50 (or listed above)		1900	
Line 10: Total Receipts \$50 and under* (not listed above)		175	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2075	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/21	D'Agostino 1297 Mass Ave	Mass Ave	Food	217
2/24	Mossman	ANL	DS music	200
2/24	KDFC ANL MA	Winstons AN	Hals newtal	300.
2/26	Potters Point San Francisco Potters Point	Potters Point	Printing	989.97
3/15	Potters Point San Francisco	Potters Point	Print	912.74
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				2619.73
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2619.73

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

TOWN CLERK'S OFFICE
ARLINGTON, MA 021

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			2020 JUN -3 AM 10:55	
			RECEIVED	
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7 →

